Name in Full

Certificate of Death

Jacob Austett

Died at Town: Denton County: Caroline MARYLAND

Date ~~Jan~~ Month: 6 Day: 1 1904

Age Y. 96 M. — D. —

Native of Germany

Occupation Painter

~~Male~~ / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living Seven.

Husband / ~~Wife~~ of Margaret Austett

Father's Name Jacob Sauer

Mother's Name [illegible]

Cause of Death: Primary Bright's Disease How long sick Several Months

Immediate Same

~~Accident, Suicide, Homicide~~

Reported by P. H. Fisher M.D.

Address Denton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58588

Name in Full

Certificate of Death

Alice Butler

Town

County

Died at near Preston Caroline MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 June 29	Age 35				Md.	Housewife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | Widow X | Widower | ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of William D Butler

Father's Name Edward Nichols

Mother's Maiden Name Caroline Wilson

Cause of Death: Primary Cancer 4½ | How long sick 1 year

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. L. Stobbe M.D.

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70803

Name in Full: Infant.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton — County: Caroline

Date of death 1904: Month: 6 — Day: 30

Age: Years — Months — Days: 2

Sex: Male — Color or Race: white — Birthplace: Maryland

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Osmond M. Downes — Father's Birthplace: Maryland

Mother's Maiden Name: Alice E. Downes — Mother's Birthplace: Pennsylvania

Name of person giving information: O. M. Downes — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Weakness — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. E. Marshall M.D.

Address: Denton Maryland

Accident or Suicide?

LIBRARY BUREAU Approved

Name in Full: Mattie V. Fluharty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: American Corner; County: Caroline

Date of death: Month: 6; Day: 7; 1904

Age: Years: 17; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Lady; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Mathew Fluharty; Father's Birthplace: Md.

Mother's Maiden Name: Amanda J. Turner; Mother's Birthplace: Md.

Name of person giving Imformation: Father; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: 6 mo.

Immediate: Asthenia; How long: Five hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Phillips

Address: Preston Md.

Accident or Suicide?

LIBRARY BUREAU A8951S

Name in Full: Elzy Friend

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Denton — County: Caroline

Date of death: Month 6, Day 1, 1904 — Age: Years 30, Months —, Days —

Sex: Male — Color or Race: Black — Birthplace: Near Prestonville

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Friend — Father's Birthplace: This State

Mother's Maiden Name: Lizzie Bentla — Mother's Birthplace: This State

Name of person giving Information: Handy Friend — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complications — How long: 6 Years

Immediate: Heart Failure — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Think So

Signature of Physician: D. Marshall

Address: Denton Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Charles Richard Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ridgely — County: Caroline

Date of death: Month: June — Day: 30 — Year: 1904

Age — Years: 1 — Months — Days

Sex: white — Color or Race: White — Birthplace: Ridgely

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Hoffman — Father's Birthplace: Pa.

Mother's Maiden Name: Ida Elanora Richards — Mother's Birthplace: Pa.

Name of person giving Imformation: Mary Shaner — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles, Whooping Cough, Teething — How long: 5 week

Immediate: Exhaustion — How long: 2 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Madara

Address: Ridgely Md

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: Benjamin M. Sumner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Denton — County: Caroline

Date of death 1904 — Month: 6 — Day: 27

Age — Years: 3 — Months: 1 — Days: 6

Sex: Male

Color or Race: Black

Birthplace: Denton

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Sumner.

Father's Birthplace:

Mother's Maiden Name: Maud Sumner

Mother's Birthplace:

Name of person giving Imformation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long:

Immediate: — How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: J. N. Nichols M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Marbecke Virginia Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridgely; County: Caroline

Date of death 1904: Month: June; Day: 20

Age: Years: —; Months: 9; Days: 14

Sex: Female

Color or Race: Black

Birthplace: Ridgely

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Laitha Bell

Mother's Birthplace: Caroline Co

Name of person giving Imformation: John Bell

How related to deceased: Step Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething — How long: 4 weeks

Immediate: Marasmus — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Madara

Address: Ridgely Md

Accident or Suicide?

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LIBRARY BUREAU A89316

Name in Full: Elizabeth Phillips

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Federalsburg; County: Caroline

Date of death: 1904 June 23 — Age: 60 Years

Sex: Female — Color or Race: black — Birthplace: md

Occupation: housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: John Phillips

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: John Phillips — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease — How long: 2 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R K Jefferson

Address: Federalsburg md

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: John Ernest Rich (Illegitimate)

CERTIFICATE OF DEATH

Died at: Town: Denton — County: Caroline — MARYLAND

Date of death: Month: June — Day: 19th — Year: 1904 — Age: 25 — Months: — — Days: —

Sex: Male — Color or Race: Mulatto — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: Denton Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Sauxen — Father's Birthplace: Maryland

Mother's Maiden Name: Eliza Rich — Mother's Birthplace: Maryland

Name of person giving information: Elza Rich — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of the Liver — How long: two Years

Immediate: Exhaustion — How long: ten days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch George M D

Address: Denton Caroline Co Md

Accident or Suicide?

8

LIBRARY BUREAU A88016

Name in Full: Marie Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hynson — County: Caroline

Date of death: Month: June — Day: 16 — 1904

Age: Years: 43 — Months — Days

Sex: Female — Color or Race: white — Birthplace: md

Occupation: housewife — Where Residing if not at place of death

Married, Single or Widowed: married — Name of Wife or Husband: Merril Taylor

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: G M Taylor 138 — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal Eclampsia — How long: 1 day

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R K Jefferson

Address: Federalsburg md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full: Charlotte Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridgely; County: Caroline

Date of death 1 99: Month: June; Day: 23; Years: Age about 85; Months: —; Days: —

Sex: Female; Color or Race: Black; Birthplace: Queen Annes Co

Occupation: Housework; Where Residing if not at place of death: —

~~Married, Single~~ or Widowed; Name of Wife or Husband: Isaac Thomas

Father's Name: Phil Thomas; Father's Birthplace: don't know

Mother's Maiden Name: don't know; Mother's Birthplace: —

Name of person giving Imformation: Isaac Thomas 1/5-4; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility; How long: —

Immediate: Exhaustion; How long: 6 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Madara

Address: Ridgely Md

~~Accident or Suicide?~~

LIBRARY BUREAU A99018